

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10791053 107910520

CLAIMS AS FILED - PART I

|                                  | (Column 1)   | (Column 2)               |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 8            |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 8 minus 20 = | =                        |
| INDEPENDENT CLAIMS               | 1 minus 3 =  | =                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

| SMALL ENTITY<br>TYPE | OTHER THAN<br>OR<br>SMALL ENTITY |
|----------------------|----------------------------------|
| RATE                 | FEES                             |
| BASIC FEE            | 385.00                           |
| OR                   | 770.00                           |
| XS 9=                |                                  |
| OR                   | XS18=                            |
| X43=                 |                                  |
| OR                   | X86=                             |
| +145=                |                                  |
| OR                   | +290=                            |
| TOTAL                | 385                              |
| OR                   | TOTAL                            |

If the difference in column 1 is less than zero, enter "0" in column 2

Initials  
Dulc  
Amst

CLAIMS AS AMENDED - PART II

|  | (Column 1)                                | (Column 2) | (Column 3)                                  |
|--|---|------------|---|
| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total  | 8   | Minus      | 20  |
| Independent                                    | 1   | Minus      | 3   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   |

| SMALL ENTITY<br>TYPE | OTHER THAN<br>OR<br>SMALL ENTITY |
|----------------------|----------------------------------|
| RATE                 | ADDI-<br>TIONAL<br>FEE           |
| XS 9=                |                                  |
| OR                   | XS18=                            |
| X43=                 |                                  |
| OR                   | X86=                             |
| +145=                |                                  |
| OR                   | +290=                            |
| TOTAL                | ADDI. FEE                        |
| OR                   | TOTAL<br>ADDI. FEE               |

|  | (Column 1)                                | (Column 2) | (Column 3)                                  |
|--|---|------------|---|
| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total  | 8   | Minus      | 20  |
| Independent                                    | 1   | Minus      | 3   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   |

| ADDITIONAL<br>FEE  | ADDITIONAL<br>FEE  |
|--------------------|--------------------|
| XS 9=              |                    |
| OR                 | XS18=              |
| X43=               |                    |
| OR                 | X86=               |
| +145=              |                    |
| OR                 | +290=              |
| TOTAL<br>ADDI. FEE |                    |
| OR                 | TOTAL<br>ADDI. FEE |

|  | (Column 1)                                | (Column 2) | (Column 3)                                  |
|--|---|------------|---|
| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total  | 8   | Minus      | 20  |
| Independent                                    | 1   | Minus      | 3   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   |

| ADDITIONAL<br>FEE  | ADDITIONAL<br>FEE  |
|--------------------|--------------------|
| XS 9=              |                    |
| OR                 | XS18=              |
| X43=               |                    |
| OR                 | X86=               |
| +145=              |                    |
| OR                 | +290=              |
| TOTAL<br>ADDI. FEE |                    |
| OR                 | TOTAL<br>ADDI. FEE |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.